

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4693HPC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/18/2010
NAME OF PROVIDER OR SUPPLIER COMFORT HOSPICE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 6655 W SAHARA AVE, SUITE B-114 LAS VEGAS, NV 89146		
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L 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure Focused Survey conducted in your facility from November 17, 2010 through November 18, 2010, in accordance with Nevada Administrative Code, Chapter 449, Provision of Hospice Care.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Fourteen patient files were reviewed. Thirteen employee files were reviewed. Two home visits were conducted.</p> <p>The following regulatory deficiencies were identified:</p>	L 000			
L 056	<p>449.0184 GOVERNING BODY REQUIRED; DUTIES OF GOVE</p> <p>Section 19 Every facility which provides a program of hospice care must have a governing body which shall: 1. Appoint an administrator of the program of hospice care. The administrator shall be available on a daily basis for consultation with</p>	L 056			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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L 056	Continued From page 1 members of the interdisciplinary team of the program of hospice care. This Regulation is not met as evidenced by: Based on staff interview, policy and record review, the governing body failed to ensure that a qualified administrator or designee was available to run the agency on a daily basis. 1. The administrator on record with the Bureau no longer lived in the state but had designated Employee #10 as the new administrator on 11/9/10. 2. Employee file review revealed Employee #10 lacked the experience needed per agency policy and procedures (Policy #10, section 2, 6/2006 - last approved 1/1/10), agency administrator job description (form #201, 6/24/10) and state licensure requirements (at least one year experience managing a home health or hospice agency). In addition, the governing body met on 11/16/10 but did not appoint either a new administrator or administrator designee. Scope: 3 Severity: 2	L 056			
L 057	449.0184 GOVERNING BODY REQUIRED; DUTIES OF GOVE Every facility which provides a program of hospice care must have a governing body which shall: 2. Ensure that all services provided by the program of hospice care are consistent with accepted standards of practice for the care of the patients. This Regulation is not met as evidenced by: Based on personnel file review and review of agency policies and procedures, the agency	L 057			

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L 057	Continued From page 2 failed to ensure policies last approved by the governing body in 1/2010, were being met to provide staff adequately trained to provide care to the patient's of the hospice program for 5 of 12 employees (Employees #1, #3, #4, #5 and #6). 1. Personnel file review lacked documented evidence that the director of clinical services (Employee #1) had the necessary experience for the position according to policy (#34 section 2, 10/2006) and job description (form #188, 6/24/10). 2. Personnel file review lacked documented evidence that the competency assessments were completed on 4 of 13 employees (Employee #3, #4, #5 and #6) as required by agency policy (#27, section 10, 6/2010). 3. Personnel file review lacked documented evidence that 1 of 13 employees (Employee #3) was CPR certified as required by agency policy (#90 section 10, 6/2006). Scope: 3 Severity: 2	L 057			
L9999	FINAL OBSERVATIONS NAC 441A.375(3) Before initial employment, a person employed in a medical facility or a facility for the dependent shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Mantoux tuberculin skin test, including persons with a history of bacillus Calmette-Guerin	L9999			

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L9999	<p>Continued From page 3</p> <p>(BCG) vaccination.</p> <p>If the employee has no documented history of a 2-step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within the preceding 12 months, then a 2-step Mantoux tuberculin skin test must be administered. A single annual Mantoux tuberculin skin test must be administered thereafter.</p> <p>NAC 441A.375(4) An employee with a documented history of a positive Mantoux tuberculin skin test is exempt from screening with skin test or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>NAC 441A.375(6) Counseling and preventive therapy must be offered to a person with a positive Mantoux tuberculin skin test in accordance with the recommendations of the American Thoracic Society and the American Lung Association set forth in " Tuberculosis: What the Physician Should Know. "</p> <p>NAC 441A.380(2) Except as otherwise provided in this section, the staff of a facility for the dependent or a medical facility for extended care, skilled nursing, or intermediate care shall: (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility, ensure that the person has a Mantoux tuberculin skin test, unless there is not a person qualified to administer the test in the facility when the person is admitted, the staff of the facility shall ensure</p>	L9999			

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L9999	<p>Continued From page 4</p> <p>that the test is performed within 24 hours after a qualified person arrives at the facility or within 5 days after the patient is admitted, whichever is sooner.</p> <p>(c) If the person has no documented history of a two-step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a two-step Mantoux tuberculin skin test. After a person has had a two-step Mantoux tuberculin skin test, the facility shall ensure that the person has a single Mantoux tuberculin skin test annually thereafter.</p> <p>TB Testing Requirements</p> <p>NAC 441A.375 Medical facilities and facilities for the dependent: Placement and care of cases and suspected cases; surveillance and testing of employees.</p> <p>1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be placed in Acid-fast bacilli (AFB) isolation and cared for in accordance with Acid-fast bacilli (AFB) precautions set forth in "Centers for Disease Control Guidelines for Isolation Precautions in Hospitals" and the recommendations of the Centers for Disease Control for preventing the transmission of tuberculosis in facilities providing health care set forth in "Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Settings, with Special Focus on HIV-Related Issues."</p> <p>2. A medical facility or facility for the dependent shall maintain surveillance of employees of the facility for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance</p>	L9999			

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L9999	<p>Continued From page 5</p> <p>with the recommendations of the Centers for Disease Control for preventing the transmission of tuberculosis in facilities providing health care set forth in " Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Settings, with Special Focus on HIV-Related Issues. "</p> <p>3. Before initial employment, a person employed in a medical facility or a facility for the dependent shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Mantoux tuberculin skin test, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has no documented history of a 2-step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within the preceding 12 months, then a 2-step Mantoux tuberculin skin test must be administered. A single annual Mantoux tuberculin skin test must be administered thereafter.</p> <p>4. An employee with a documented history of a positive Mantoux tuberculin skin test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive skin test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive therapy must be offered to a person with a positive Mantoux tuberculin skin test in accordance with the recommendations of the American Thoracic Society and the American Lung Association set forth in " Tuberculosis: What the Physician</p>	L9999			

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L9999	<p>Continued From page 6</p> <p>Should Know. "</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculin skin test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>(Added to NAC by Bd. of Health, eff. 1-24-92)</p> <p>NAC 441A.380 Admission of persons to medical facility for extended care, skilled nursing, or intermediate care or facility for the dependent: Testing; respiratory isolation; medical treatment; counseling and preventive therapy; documentation.</p> <p>1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.</p> <p>2. Except as otherwise provided in this section, the staff of a facility for the dependent or a medical facility for extended care, skilled nursing, or intermediate care shall:</p> <p>(a) Before admitting a person to the facility, determine if the person:</p> <p>(1) Has had a cough for more than 3 weeks;</p> <p>(2) Has a cough which is productive;</p> <p>(3) Has blood in his sputum;</p> <p>(4) Has a fever which is not associated with a cold, flu, or other apparent illness;</p> <p>(5) Is experiencing night sweats;</p>	L9999			

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L9999	Continued From page 7 (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility, ensure that the person has a Mantoux tuberculin skin test, unless there is not a person qualified to administer the test in the facility when the patient is admitted. If there is not a person qualified to administer the test in the facility when the person is admitted, the staff of the facility shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has no documented history of a two-step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a two-step Mantoux tuberculin skin test. After a person has had a two-step Mantoux tuberculin skin test, the facility shall ensure that the person has a single Mantoux tuberculin skin test annually thereafter. 3. A person with a documented history of a positive Mantoux tuberculin skin test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility if the staff keeps the person in respiratory isolation until a health care provider determines	L9999			

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L9999	Continued From page 8 whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility shall not admit the person to the facility, or, if he has already been admitted, shall not allow the person to remain in the facility, unless the facility keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility has active tuberculosis, the staff of the facility shall ensure that the person is treated for the disease in accordance with the recommendations of the American Thoracic Society and the American Lung Association for the counseling of, and effective therapy for, a person having active tuberculosis. The recommendations are set forth in " Tuberculosis: What the Physician Should Know. " 7. The staff of the facility shall ensure that counseling and preventive therapy are offered to each resident with a positive tuberculin skin test in accordance with the recommendations of the American Thoracic Society and the American Lung Association set forth in " Tuberculosis: What the Physician Should Know. " 8. The staff of the facility shall ensure that any	L9999			

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L9999	<p>Continued From page 9</p> <p>action carried out pursuant to this section and the results thereof are documented in the person ' s medical record.</p> <p>(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96)</p> <p>Based on record review and staff interview, the agency failed to provide tuberculosis testing and prehire physicals as required under NAC 441A.375 for 11 of 13 employees. (Employees #1, 3, 4, 5, 6, 7, 8, 9, 11, 12 and 13).</p> <p>1. Personnel file review revealed lack of documented evidence that 4 of 13 employees (Employee #5, #11, #12 and #13) had two-step tuberculin skin tests as required by statute.</p> <p>2. Personnel file review revealed lack of documented evidence that 5 of 13 employees (Employee #1, #3, #4, #7 and #8) had step two of the 2-step tuberculin skin tests as required by statute.</p> <p>3. Personnel file review revealed lack of documented evidence that 1 of 1 employees who tested positive for TB (Employee #6) had a chest X-ray and signs and symptoms review annually as required by statute.</p> <p>4. Personnel file review revealed lack of documented evidence that 7 of 13 employees (Employee #4, #5, #6, #9, #11, #12 and #13) had pre-employment physicals as required by statute.</p> <p>Scope: 3 Severity: 2</p>	L9999			

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